

**MEMORANDUM OF UNDERSTANDING
BETWEEN THE DEPARTMENT OF VERMONT HEALTH ACCESS AND THE
AGENCY OF ADMINISTRATION**

This MOU replaces MOU Number 03410-06-14 in its entirety. The Department of Vermont Health Access (DVHA) and the Agency of Administration (AOA) will enter in to an agreement to outline the process necessary for billing DVHA for work completed by AOA staff specific to the State Innovation Models (SIM) grant.

Purpose

The DVHA agrees to transfer to the AOA up to the amount as specified in the project budget as mutually agreed to by both parties for the term that this MOU will be in effect. The funds will be for the purpose of both staffing and contract expenditures pursuant to the SIM grant.

MOU Terms

This MOU will be in effect upon October 1, 2013 and will end on September 30, 2015. This MOU may be amended as necessary. The project budget may be amended per mutual written consent of both parties.

Terms of Agreement

AOA and DVHA agree to the following process for documenting the billing and payment cycle:

1. AOA staff whose positions will be funded by the SIM grant will document time worked using the appropriate program code as defined by DVHA.
2. AOA agrees to use the appropriate program code as defined by DVHA when paying contract expenditures pursuant to the SIM grant.
3. AOA will invoice DVHA on a monthly basis for expenditures related to the SIM grant per the Payment Terms outlined below.
4. The annual amount of this agreement will not exceed the amount as specified in the project budget as mutually agreed to by both parties.
5. DVHA reviews and approves the invoices from AOA.
6. AOA has the responsibility to only pay for time allowed per the Federal Award to DVHA.
7. AOA has the responsibility to comply with terms of the Federal Award for any expenditure approved in the project budget outlined below.
8. AOA will be financially responsible for any Federal disallowance due to failure to maintain adequate documentation supporting the expenses per this agreement.
9. AOA will submit all contracts and related material 35 days prior to contract execution to robert.pierce@state.vt.us for final review and approval by federal partners.

Contacts

AOA

Name:	Georgia Maheras	Title:	Project Director, AOA
Phone:	(802) 828-2919	E-mail:	georgia.maheras@state.vt.us

DVHA

Name:	Kara Suter	Title:	Reimbursement Director
Phone:	(802) 879-5900	Email:	kara.suter@state.vt.us

Payment Terms

- For expenses directly incurred by AOA, AOA agrees to submit monthly invoices to DVHA with appropriate detail to meet the AHS Federal reporting requirements. AOA will maintain sufficient supporting documentation (e.g., time reports, and expense reports, detailed expenditures, etc) to comply with federal audit requirements.) AOA will submit a report by the 15th days following month end. All invoices shall be submitted to Robert Pierce in the DVHA BO at robert.piercevt@state.vt.us.
- By June 14, 2014, DVHA and AOA will work together to arrive at an agreed upon estimate of fourth quarter expenditures for the purpose of closing SFY 2014. DVHA and AOA will agree on a reconciled accounting of actual fourth quarter expenditures by July 15, 2014.
- By June 16, 2015, DVHA and AOA will work together to arrive at an agreed upon estimate of fourth quarter expenditures for the purpose of closing SFY 2015. DVHA and AOA will agree on a reconciled accounting of actual fourth quarter expenditures by July 15, 2015.
- By June 15, 2016, DVHA and AOA will work together to arrive at an agreed upon estimate of fourth quarter expenditures for the purpose of closing SFY 2016. DVHA and AOA will agree on a reconciled accounting of actual fourth quarter expenditures by July 15, 2016.
- Based on the monthly expenditure reports, DVHA will initiate an interdepartmental transfer to reimburse AOA for expenditures by the 30th day of the month in which the invoice is received by DVHA. Notification of the transfer will be sent via email to jason.pinard@state.vt.us.
- DVHA considers AOA a sub-recipient per OMB A-133 for these funds. AOA agrees to follow all applicable federal and state regulations in association with all activities tied to this MOU.

Project Budget

State Innovation Models: Funding for Model Design		
Year 1, 10/01/2013 – 09/30/2015		
Personnel Cost: Salary + Fringe	Program Code	
FY14 Project Director	37991	\$234,720.00
Workforce staff - TBA	37991	\$114,000.00
Contracts: Workforce (see below)	37990	\$743,000.00
Contracts: Project Manager	37990	\$930,681.95
Expenses	37991	\$18,000.00
Equipment	37991	\$10,000.00
Total		\$2,050,401.95

Funding

Source of Funds: 100% Federal

CFDA Title: ACA - State Innovation Models: Funding for Model Design or Model Testing Assistance

CFDA Number: 93.624

Award Number: 1G1CMS331181-01-00

Award Year: FFY2013

**MEMORANDUM OF UNDERSTANDING
DEPT VT HEALTH ACCESS & AGENCY OF ADMINISTRATION**

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Federal Granting Agency: HHS, CMS/CMS Innovation Center

The provisions of this Memorandum of Understanding are hereby entered into and agreed to by virtue of the authorized signatures below:

<hr/> Mark Larson, Commissioner Department of Vermont Health Access	<hr/> Michael Clasen Project Director Agency of Administration
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